

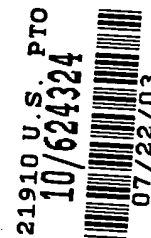


Practitioner's Dock t No. TBD  
Customer No.: 25299

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of

Inventor(s): William Noonan

For (title): **SYSTEM & METHOD OF DETERRING THEFT OF CONSUMERS USING PORTABLE  
PERSONAL SHOPPING SOLUTIONS IN A RETAIL ENVIRONMENT**

**1. Type of Application**

This transmittal is for an original (nonprovisional) application.

---

**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\***

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

[X] deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents,  
Washington, D.C. 20231.

37 C.F.R. Section 1.8(a)

37 C.F.R. Section 1.10\*

[ ] with sufficient postage as first class mail.

[X] as "Express Mail Post Office to Address"

Mailing Label No. EI8558341254S  
(mandatory)

**TRANSMISSION**

[ ] transmitted by facsimile to the Patent and Trademark Office (703) \_\_\_\_ - \_\_\_\_.

Date: 7-22-03

  
Signature

Patricia Jarnagin

(type or print name of person certifying)

**2. Papers Enclosed**

**A.** Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

13 Page(s) of Specification

5 Page(s) of Claims

2 Sheet(s) of Drawing(s)--Formal

**B.** Other Papers Enclosed

2 Page(s) of declaration and power of attorney

1 Page(s) of abstract

**3. Additional Papers Enclosed**

**4. Assignment**

An assignment of the invention to **International Business Machines Corporation; Armonk, NY** is will be provided at a later date.

**5. Fe Calculation (37 C.F.R. Section 1.16)**

Regular Application

---

**CLAIMS AS FILED**

<b>Claims</b>	<b>Number Filed</b>	<b>Basic Fee Allowance</b>	<b>Number Extra</b>	<b>Rate</b>	<b>Basic Fee 37 CFR 1.16(a) \$710.00</b>
<b>Total Claims</b>	<b>20</b>	<b>20</b>	<b>0</b>	<b>\$0</b>	<b>\$0.00</b>
<b>Independent Claims</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>\$0</b>	<b>\$0.00</b>
<b>Multiple Dependent Claims</b>					<b>\$0.00</b>
<b>Filing Fee Calculation</b>					<b>\$750.00</b>

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$750.00

**Total Fees Enclosed**

**\$750.00**

**8. Method of Payment of Fees**

Charge Account No. 09-1990 in the amount of \$750.00.

A duplicate of this transmittal is attached.

**9. Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 09-1990.

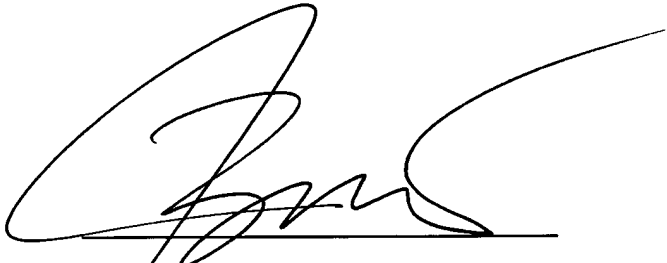
37 C.F.R. Section 1.16(a), (f) or (g) (filing fees)

37 C.F.R. Section 1.16(b), (c) or (d) (presentation of extra claims)

**10. Instructions as to Overpayment**

Credit Account No. 09-1990.

Date: 7/22/03



J. Bruce Schelkopf  
Registration No. 43,901  
919-543-4753  
Customer No. 25299